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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
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COVER LETTER

10:	Division of Cor		4	
SUBJE		's Reggac Yum Yum, LLC		
SUBJI	<u></u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Natasha Morrison		
			Name of Person	
		Chef Kevin's Reggae Yum	Yum, LLC	
			Firm/Company	··········
		7550 Pruitt Research Cente	er RD	
			Address	
		Fort Pierce, FI 34945		
		Chefkev53@yahoo.com	City/State and Zip Code	
		E-mail address: (o be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Natash	a Morrison		305 748-3671 at ()	
	Name of	f Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$ 2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chef Kevin's Reggae Yum Yum, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on June 5, 2023	and assigned
lorida document number 1.20000196681		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Chef Kevin's Reggae Bowl, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		· .
		JUN T
Inter new mailing address, if applicable:	P.O Box 880092	
Mailing address MAY BE A POST OFFICE BOX)	Port St Lucie, FL 34988	-
		P
3. If amending the registered agent and/or registered of	fice address on our records, enter th	he name of the new regis
gent and/or the new registered office address here:	/ 	
Name of New Registered Agent:		·····
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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Effective date, if other than to fan effective date is listed, the date	nust be specific ar	nd cannot be p	prior to date of	filing or more t	(option	filing.) Pursuant to	605.0207
Note: If the date inserted in this document's effective date on the	block does not	meet the ap	plicable stat	utory filing red	quirements, this	s date will not be	listed as
	Dopmanent of	0.000	143.				
e record specifies a delayed effec	tive date, but no	ot an effectiv	/e time, at 1	2:01 a.m. on th	ne earlier of: (b) The 90th day	after the
rd is filed.					·	,	
Juna 5		2023					
. June 3			<u> </u>				
Dated		· ·					
Dated	M		>	>			
Dated	Signature of a	member or a	uthorized rep	resentative of a	member		_
